

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title::	METHODS FOR TREATING LOWER URINARY TRACT DISORDERS AND THE RELATED DISORDERS VULVODYNIA AND VULVAR VESTIBULITIS USING CAV2.2 SUBUNIT CALCIUM CHANNEL MODULATORS
Attorney Docket Number::	046562/274659
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	No
Total Drawing Sheets::	3
Small Entity::	Yes
Petition Included?::	No
Petition Type::	None
Licensed US Govt. Agency::	No
Contract or Grant Numbers::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Matthew Oliver  
Family Name:: Fraser  
Name Suffix::  
City of Residence:: Apex  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of mailing address:: 408 Gablefield Lane  
City of mailing address:: Apex  
State or Province of mailing address:: NC  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 27502

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Karl Bruce  
Family Name:: Thor  
Name Suffix::  
City of Residence:: Morrisville  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of mailing address:: 109 Draymore Way  
City of mailing address:: Morrisville  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27506

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Edward C.  
 Family Name:: Burgard  
 Name Suffix::  
 City of Residence:: Chapel Hill  
 State or Province of Residence:: NC  
 Country of Residence:: US  
 Street of mailing address:: 215 Cates Farm Road  
 City of mailing address:: Chapel Hill  
 State or Province of mailing address:: NC  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 27516

**Correspondence Information**

Correspondence Customer Number:: 00826

**Representative Information**

Representative Customer Number:: 00826

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Utility of	60/453,171	03/10/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Dynogen Pharmaceuticals, Inc.
Street of mailing address::	31 St. James Avenue, Suite 905
City of mailing address::	Boston
State or Province of mailing address::	MA
Country of mailing address::	US
Postal or Zip Code of mailing address::	02116

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